



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

NESBITT

KEITH

A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY of AUBURN

MAYOR

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL / APPOINTEE TO COMMISSIONS OR COMMITTEES LISTED BELOW

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

PLACER COUNTY TRANSPORTATION PLANNING AGENCY - BOARD MEMBER

Agency: AIR POLLUTION CONTROL DISTRICT - ALTERNATE

Position: CAPITAL CORRIDOR JPA - ALTERNATE

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ Multi-County

☒ City of

CAPITAL CORRIDOR JPA

AIR POLLUTION CONTROL DISTRICT

AUBURN - CITY COUNCIL

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of

PLACER - P.C.T.P.A.

☐ Other

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 MAR 30 PM 3:17

3. Type of Statement (Check at least one box)



Annual: The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is _____, through December 31, 2014.

☐

Assuming Office: Date assumed _____

☐

Candidate: Election year _____ and office sought, if different than Part 1: _____

☐

Leaving Office: Date Left _____ (Check one)

☐ The period covered is January 1, 2014, through the date leaving office.

☐ The period covered is _____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____



Schedule A-1 - Investments - schedule attached

☐

Schedule A-2 - Investments - schedule attached

☐

Schedule B - Real Property - schedule attached



Schedule C - Income, Loans, & Business Positions - schedule attached



Schedule D - Income - Gifts - schedule attached



Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/24/2015
(month, day, year)

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

KEITH A. NESBITT

► NAME OF BUSINESS ENTITY
COMMUNITY 1ST BANK

GENERAL DESCRIPTION OF THIS BUSINESS
BANKING

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/14 ____/_____/14
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/14 ____/_____/14
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF THIS BUSINESS

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NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
_____/_____/14 ____/_____/14
ACQUIRED DISPOSED

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
KEITH A. NESBITT

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

KMSensors LLC

ADDRESS (Business Address Acceptable)

12740 EARHART AVE - AUBURN 95602

BUSINESS ACTIVITY, IF ANY, OF SOURCE

INSTRUMENTATION SALES & MFG.

YOUR BUSINESS POSITION

VP OPERATIONS

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☒ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>KEITH A. NESBITT</u>
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► NAME OF SOURCE (Not an Acronym)
CITY OF AUBURN / CHAMBER of
 ADDRESS (Business Address Acceptable) COMMERCE
601 LINCOLN WAY - AUBURN 95603
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
CHAMBER OF COMMERCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/09/2014</u>	<u>\$ 45⁰⁰</u>	<u>TICKET TO STATE of COMMUNITY DINNER</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)
CITY OF AUBURN AS SPONSOR
 ADDRESS (Business Address Acceptable)
1225 LINCOLN WAY - AUBURN 95603
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/22/2014</u>	<u>\$ 165⁰⁰</u>	<u>GROUP CLASSIC</u>
<u>9/4/2014</u>	<u>\$ 150⁰⁰</u>	<u>LET'S NEVER FORGET SERIES RECEPTION</u>
<u>9/5/2014</u>	<u>↓</u>	<u>4 DINNER</u>

► NAME OF SOURCE (Not an Acronym)
FIRE FIGHTERS
 ADDRESS (Business Address Acceptable)
CITY OF AUBURN
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/ /2014</u>	<u>\$ 40⁰⁰ +/-</u>	<u>X-MAS GIFT</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: ALL TICKETS DISTRIBUTED THROUGH CITY OF AUBURN
AS SPONSORS OF THESE EVENTS